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IMPORTANT NOTICE TELECOPY/FACSIMILE COVER LETTER

TO: Examiner Melanie M. Vida
U.S. Patent and Trademark Office
Group Art Unit 2626

DATE: July 21, 2004

FROM: John P. Scherlacher
Voice: (213) 337-6846
Fax: (213) 337-6701
jpscherlacher@hhlaw.com

TIME: _____

TOTAL NO. OF PAGES, INCLUDING COVER: 35

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MESSAGE:

RE: U.S. Patent Application Serial No. 09/488,469 filed January 20, 2000
Applicant: Yoshiharu KONISHI, et al.; **For:** IMAGE FORMING METHOD AND DEVICE

-- John P. Scherlacher, Reg. No. 23,009
Direct Phone No. (213) 337-6846

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TELECOPY/FAX NUMBER: (703) 872-9306
CLIENT NUMBER: 81752.0023
ATTORNEY BILLING NUMBER: 71931
CONFIRMATION NUMBER: (703) 306-4220

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S.N. 09/488,469 File No. 5317-20052/81752.0023 Date Mailed 07/21/04 By: JPS/ rm

Title: IMAGE FORMING METHOD AND DEVICE

(Client Name) Seiko Epson Corporation - SHN

The Following, due 08/07/04 in the U.S. Patent & Trademark Office Via Fax and Mail
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- ☒ Response To Final Office Action
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FORM PTO-1083

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
Yoshiharu KONISHI et al.
Serial No: 09/488,469
Filed: January 20, 2000
For: IMAGE FORMING METHOD AND DEVICE

Art Unit: 2626
Examiner: Melanie M. Vida

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Commissioner for Patents
P.O. Box 1450
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I hereby certify that this paper and every paper referred to herein is being transmitted via facsimile to recipient at (703) 872-9308 on:

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Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ Small entity status has been claimed. See 37 CFR § 1.27.
☐ A Notice Of Change Of Attorney's Address and Associate Power Of Attorney is enclosed.
☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	24	-20	25	0	LG=\$18 SM=\$9	\$ 0
INDEPENDENT CLAIMS FEE	2	-3	3	0	LG=\$86 SM=\$43	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						LARGE ENTITY FEE = \$290 SMALL ENTITY FEE = \$145
						TOTAL \$ 0

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
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- ☐ A check in the amount of \$-0- to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.
☐ A check in the amount of \$110.00 to cover the extension fee is enclosed. A copy of this sheet is enclosed.
☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted
HOGAN & HARTSON L.L.P.

By:

John P. Scherlacher
Registration No. 23,009
Attorney for Applicant(s)

Date: July 21, 2004

Biltmore Tower
500 South Grand Avenue, Suite 1900
Los Angeles, California 90071
Telephone: 213 337-6700
Facsimile: 213 337-6701